

**DECLARATION AND POWER OF ATTORNEY**

Each one of us, Joseph A. Leveque, M.D., Lori Dolan Frymark, and Douglas D. Lind, M.D., hereby declares that:

My residence, mailing address, and citizenship are as stated below next to my name;

I verily believe that we are the original, first, and joint inventors of the invention or discovery entitled COLLECTING AND MANAGING CLINICAL INFORMATION, which is described and claimed in the attached specification;

I acknowledge my duty to disclose information that is material to the examination of the application in accordance with 37 C.F.R. § 1.56(a);

I have reviewed and understand the contents of the above-identified specification, including the claims.

**POWER OF ATTORNEY:** I hereby appoint the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

James R. Warnot, Jr., Reg. No. 34,455, David M. Klein, Reg. No. 35,221,  
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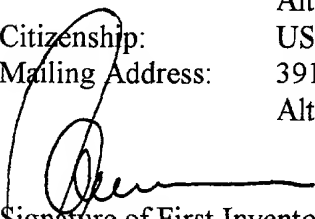
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Direct telephone calls to Anthony L. Meola, Esq. at telephone number (212) 848-4438.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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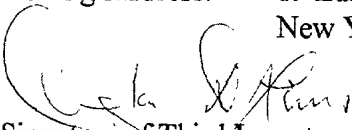


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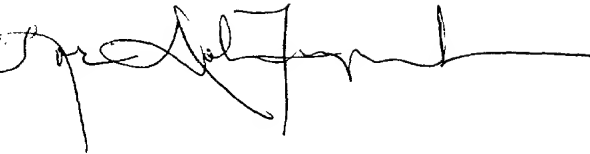
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